

faction. Both subscale scores and a composite score (CSS) can be calculated, with higher scores indicating greater satisfaction. The OPSAT-Q, Osteoporosis Targeted Quality of Life (OptQoL), three single-item global measures related to satisfaction, and demographic questionnaires were self-administered to eligible women recruited from four US clinics. Participants were diagnosed with osteoporosis or osteopenia and currently taking daily or weekly bisphosphonate treatment. Reproducibility was assessed via a follow-up questionnaire completed by participants two-weeks post baseline. Analyses included item and scale performance, internal consistency reliability, reproducibility, and construct validity. **RESULTS:** A total of 104 women with a mean age of 65 years participated. The majority was white (64.4%), living with someone (74%), and not currently employed (58.7%). On a scale of 0–100, individual patient subscale scores ranged from 17 to 100 and CSS scores ranged from 44–100. All scores showed acceptable internal consistency reliability (Cronbach's $\alpha > 0.70$) (range 0.72 to 0.89). Reproducibility exceeded 0.70 for all scores except Confidence with Daily Activity (0.62) and Overall Satisfaction (0.64). Significant correlations were found between the OPSAT-Q subscales and conceptually similar global measures ($p < 0.001$). **CONCLUSIONS:** The findings from this study provide evidence of the validity and reliability of the OPSAT-Q and support the proposed composition of four subscales and a composite score. They also support the use of the OPSAT-Q to examine the impact of potentially more convenient bisphosphonate dosing on patient satisfaction.

PAIN

PPN1

REDUCING MORTALITY IN PATIENTS WITH SUBSTANCE ABUSE AND CHRONIC NON-MALIGNANT PAIN THROUGH A MULTIDISCIPLINARY OPIOID RENEWAL CLINIC

Sampson JM, Marsh B

VA Medical Center, Gainesville, FL, USA

OBJECTIVE: Is it safe to treat patients with opioids for chronic non-malignant pain who have histories of substance abuse or addiction? Mortality rates for substance abusers are three times the general population rate. There are few outcome studies in the medical literature. The Opioid Renewal Clinic follows patients closely with drug testing, laboratory monitoring, and provides group education with outside speakers. On site drug counseling is provided to those determined to be in need. A full range of consultation services are available. The disciplines that make up the clinic include Pharmacy, Nursing, Social Work, Internal and Addiction Medicine. Disease management guidelines are incorporated into the structure of the clinic. **METHODS:** This was a retrospective age adjusted mortality study of 250 Primary Care consults over a two-year period to a multidisciplinary Opioid Renewal Clinic. The most common reason for consultation was the difficult to manage patient secondary to substance abuse. The renewal clinic maintains between 80 to 100 patients. Kaplan-Meier survival curves were performed for pain patients on opioids in Primary Care and the opioid renewal clinic. Key variables were evaluated by regression analysis. **RESULTS:** There were six deaths in patients in Primary Care and two deaths in patients followed in the Renewal Clinic. The odds ratio of deaths in usual care to clinic is three, or three times the rate of the Renewal Clinic. Patients were between 40–60 years of age. Deaths due to known cancer, cardiac or liver disease were excluded. Cancer deaths were predominantly lung, and associated with tobacco use. **CONCLUSIONS:** A Multidisciplinary Opioid Renewal Clinic can reduce short term mortality in high risk patients. Further studies are recommended

to assess long term mortality rates and secondary outcomes on cancer prevention, disease management, and control of depression.

PPN2

EVALUATION OF THE DIRECT COSTS OF PURE NEUROPATHIC PAIN MANAGEMENT IN FRANCE BEFORE A FIRST CONSULTATION IN A PAIN MANAGEMENT CENTER

Duru G¹, Garassus P², Lantéri-Minet M³, Lamarsalle L⁴, Von Raison F⁵, Solesse-de Gendre A⁵

¹Université C. Bernard Lyon I, Villeurbanne, France; ²Clinique du Tonkin, Villeurbanne, France; ³Hôpital Pasteur, NICE, France; ⁴GYD Institut—IMS Health, Lyon, France; ⁵Pfizer, Paris cedex 14, France

OBJECTIVES: Pain management centers provide the most appropriate care for pure neuropathic pain. But before consulting such a center, patients often indulge in “medical nomadism”, thereby incurring substantial additional costs. This study aimed to describe the medical trajectory and to estimate the direct costs of a patient sample with pure neuropathic pain (i.e. with no nociceptive component) during the year before their first consultation in a pain management center. **METHODS:** Retrospective data collected by patient questionnaires were used for this cross-sectional study, in which ten pain management centers participated between January and April, 2004. A total of 116 patients who gave written consent and were able to answer the questionnaire were assessed. The economic outcomes were the total and refunded Direct Medical Consumption (DMC), including all costs directly related to the pathology: medical and paramedical consultations, drugs, other treatments (surgery, nerve stimulation, etc.), examinations, and hospitalizations. Costs were determined by medical fees, official drugs and examinations tariffs, and Diagnosis Related Groups (DRGs). A bootstrap technique was used to improve statistical strength. **RESULTS:** The total and refunded average cost per patient ranges from 4650 € to 6830 € and from 3500 to 5690 €, depending on the hospitalization sector, private or public. The most costly items are “Hospitalizations” and “other treatments”, representing 31% and 24% respectively of the total cost in the private sector, and 46% and 23% in the public sector. The “drugs” item only represents 12% in the private and 8% in the public sector. **CONCLUSION:** This study, based mainly on recalled declarative data, may be subjectively biased. Nonetheless, the results give a plausible estimation of direct annual costs of neuropathic pain management in France before its appropriate management in a specialized center, a field where few data are available.

PPN3

SUMMARY OF HOSPITAL LOGISTICS ASSOCIATED WITH INTRAVENOUS PATIENT-CONTROLLED ANALGESIA (IV PCA) FOR ACUTE POSTOPERATIVE PAIN MANAGEMENT

Zhang M¹, Anastassopoulos K², Hutchison R³, Olson WH¹, Goss TF², Hewitt D¹, Gargiulo K¹, Siccardi M¹, Mordin M²

¹Ortho McNeil Pharmaceutical, Inc, Raritan, NJ, USA; ²Covance Health Economics and Outcomes Services Inc, Gaithersburg, MD, USA; ³Presbyterian Hospital, Dallas, TX, USA

OBJECTIVES: To characterize hospital IV PCA pump and analgesia acquisition, inventory, and logistics for acute postoperative pain management. **METHODS:** Data were collected via interviews with 13 geographically diverse US hospitals during an ongoing prospective, multi-center, observational study of IV PCA for acute postoperative pain management among subjects undergoing total knee or hip replacement or abdominal hysterectomy. An interim analysis was performed on data from 13 of 32 planned hospitals. **RESULTS:** Average IV PCA pump inventory